

Check list for Business Associate Relationship

1. Contract or MOU Number _____	2. Term
3. Contractor	4. DPHHS Liaison
5. Describe the function or functions performed by the Contractor on behalf of DPHHS:	6. If the function described in 5 includes any of the following tasks please circle: -claims processing or administration -data analysis, processing or administration -utilization review -quality assurance -billing -benefit management or practice management -repricing -legal -actuarial -accounting -consulting -data aggregation -management -administrative -accreditation -financial services

1. _____ Is the contractor an entity other than an employee of DPHHS?
2. _____ Is the contractor performing a function on behalf of DPHHS?
3. _____ To perform the function, does DPHHS give the contractor Individually Identifiable Healthcare Information (“IIHI”)? IIHI is information created or received by DPHHS that:
 - a. is collected from an individual; and
 - b. either:
 - i. identifies the individual; or
 - ii. there is a reasonable basis to believe the Information can be used to identify the individual.

The answer to **all** three questions must be “yes” for the contractor to be a Business Associate. Even if the answer to a question 3 is “no”, if a function described in box 6 is circled, the purpose of the contract should be carefully reviewed to determine whether the sharing of IIHI may, in fact, be necessary to carry out the contract.